Audience: Health Care Providers (for trade/health care provider focused publications)
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Topic: Latent TB Infection

[Health Care Providers] Critical in Expanded Effort to End TB in the U.S.

Tuberculosis (TB) prevention and control has traditionally been a function of public health departments. However, many of those at high risk for TB infection and TB disease who need to be tested and treated receive their care from private health care providers and community health centers. The United States Preventive Services Task Force (USPSTF) recently issued a recommendation that may make it easier for those at risk to get tested for TB infection, no matter where they access the health care system.

"In order to eliminate TB in the United States, we must increase efforts to test and treat latent TB infection" Says [Dr. Philip LoBue, Director of the Division of Tuberculosis Elimination at the Centers for Disease Control and Prevention]. "More than 80% of U.S. TB cases are believed to be associated with longstanding untreated latent TB infection, and we need help from [health care providers] to encourage at-risk patients to get tested, and if needed, start and complete treatment."

CDC estimates that up to 13 million people in the U.S. have latent TB infection. Without treatment, on average, 1 in 10 people with latent TB infection will develop TB disease. For some, that risk is much higher. The USPSTF recommends TB testing for persons born in or who frequently travel to countries where TB disease is common; and for people who currently, or used to, live in large group settings, such as homeless shelters or prisons and jails where TB is more common. In addition, CDC recommends TB testing for at-risk children, healthcare workers, contacts of people with confirmed or suspected TB disease, and as part of disease management for people with certain conditions, such as HIV and diabetes, or as indicated prior to the use of certain medications.

Advancements in testing for TB infection and shorter course regimens for latent TB infection can help patients get tested and complete treatment faster. Clinicians should consider using an interferon-gamma release assay (IGRA) test for people born outside of the U.S. who have received BCG vaccination to avoid a false-positive reaction to a TB skin test. IGRAs are also a good option for testing people who are unlikely to return for a second visit to have a skin test read.

CDC research has found short-course treatment regimens using isoniazid and rifapentine given once weekly for 12 weeks or rifampin alone given daily for 4 months have higher completion rates with less liver toxicity, as compared to the older regimen of 9 months of daily isoniazid. Completing treatment for latent TB infection can reduce a person's chance of developing TB disease by 90 percent.

"We've made great progress against TB," [LoBue] acknowledges. "By firmly establishing testing for latent TB infection as part of the routine preventive care package for those at risk, [health care providers] can help ensure that people are aware of their infection and can get treatment to prevent them from progressing to TB disease."

For information on latent TB infection, contact the Centers for Disease Control and Prevention or your state or local TB control program.

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